

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09 / 700492</b>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
2							51					
3							52					
4							53					
5							54					
6							55					
7							56					
8							57					
9							58					
10		(1)					59					
11		1					60					
12		1					61					
13		1					62					
14		1					63					
15		1					64					
16		1					65					
17		1					66					
18		1					67					
19		1					68					
20		1					69					
21		1					70					
22		1					71					
23		1					72					
24		1					73					
25		1					74					
26		1					75					
27		1					76					
28		1					77					
29		1					78					
30		1					79					
31		1					80					
32		1					81					
33		(1)					82					
34		1					83					
35		1					84					
36		1					85					
37		1					86					
38		2					87					
39							88					
40							89					
41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
51							100					
TOTAL IN:	7						TOTAL IND.					
TOTAL DEP.	31						TOTAL DEP.					
TOTAL CLAIMS	38						TOTAL CLAIMS					